



**STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR MEDICAL SERVICES**



**Office of Pharmacy Service  
Prior Authorization Criteria**

**Linzess<sup>®</sup> (linaclotide)  
Effective 2/24/2016**

**Prior Authorization Request Form**

**Linzess<sup>®</sup> will be prior authorized if the following criteria are met:**

- 1) Diagnosis of chronic idiopathic constipation, with less than three spontaneous bowel movements per week; **OR**
- 2) Diagnosis of Irritable Bowel Syndrome with Constipation (IBS-C);

**AND EACH** of the following:

- 3) Patient is eighteen (18) years of age or older; **AND**
- 4) Documented failure of an increase in dietary fiber/dietary modification; **AND**
- 5) Documented failure of at least fourteen (14) days of therapy with an osmotic laxative; **AND**
- 6) Appropriate screening for colon cancer, history of bowel obstruction, hepatic or renal disease, hypothyroidism, pelvic floor abnormalities, and spinal cord abnormalities.

**Note:**

- Linzess is pregnancy category C; caution is advised when considering use during pregnancy.
- The initial approval will be authorized for a period of twelve (12) weeks. After follow-up with the prescriber, authorization may be granted for a period of twelve (12) months.

**References**

- 1) UpToDate (1/29/2015) – Management of Chronic Idiopathic Constipation
- 2) Linzess package insert 07/2014 revision
- 3) Lexi-Comp Clinical Application 1/29/2015
- 4) *Detail-Document*; Pharmacist's Letter December 2012; Vol: 28